



IPW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/518,088
Filing Date: October 24, 2005
Applicant: Leif ANDERSSON et al.
Group Art Unit: 3662
Examiner: Isam A. Alsomiri
Title: MULTIPLE OPTICAL CHANNELS
Attorney Docket: 10400-000297/US

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Alexandria, VA 22314
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April 20, 2007

**SUBMISSION OF REVOCATION OF POWER OF ATTORNEY WITH NEW
POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Sir:

Applicants submit herewith a copy of four (4) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address forms executed by the inventors in connection with the above-identified application. Entry of these forms into the file of the above-identified application is respectfully requested.

Please charge any required fees or credit any overpayment pursuant to 37 C.F.R. §§ 1.16 or 1.17 to Deposit Account No. 08-0750.

Respectfully submitted,

HARNESS, DICKEY, & PIERCE, P.L.C.

By

John A. Castellano, Reg. No. 35,094

P.O. Box 8910
Reston, Virginia 20195
(703) 668-8000

JAC/pw

Enclosures: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Forms (4)



PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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Application Number	10/518,088
Filing Date	October 24, 2005
First Named Inventor	Leif ANDERSSON et al.
Art Unit	3662
Examiner Name	Isam A. Alsomiri
Attorney Docket Number	10400-000297/US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30593

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

30593

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Leif Andersson

Name

Leif ANDERSSON

Date

2007-03-14

Telephone

+46 8 7683782

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature

Name

Mikael HERZMAN HERTZMAN

Date

Mar 12, 2007

Telephone

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Christian GRASSER

Date

2007-03-19

Telephone

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Signature

Name

Rolf RICHTER

Date

2007-03-22

Telephone

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